

United States District Court  
For the District of Delaware

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DELAWARE U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

2006 APR -6 PM 4:24

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 06-181 GMS

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																			
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p style="text-align: center;"><i>06-181 GMS</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Signature</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> <i>Beatrice O'ney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee         </td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery</td> </tr> <tr> <td colspan="2"> <i>Beatrice O'ney</i> <i>4/5/06</i> </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="text-align: right; vertical-align: bottom;"><i>SP</i></td> </tr> <tr> <td colspan="2">3. Service Type</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </td> </tr> <tr> <td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> </table>		A. Signature		<input checked="" type="checkbox"/> <i>Beatrice O'ney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		B. Received by (Printed Name)	C. Date of Delivery	<i>Beatrice O'ney</i> <i>4/5/06</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>SP</i>		3. Service Type		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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1. Article Addressed to:  WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977		2. Article Number <i>(Transfer from service label)</i> <u>7002 2030 0003 0326 9540</u>																			